TO S Department of Labor Office of Labor Management Standards Washington DC 20210

For Official Use Only

Street

City

State Florida

2445 Dunn Avenue Apt

Jacksonville

5 Position in labor organization

#1006

Union Consultint

ZIP Code +4 32218 6901

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

ZIP Code + 4 20005

This report is mandatory under P L 86-257 as amended Failure to compty may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

MAY 1 7 2006 READ THE IN' TR	RUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT
1 File Number U 2568 9	2 Fiscal Year Covered From  1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing	4 Name file number and address of labor organization
Name Anthony C Hill Sr	Name Service Employees AFL-CIO  Labo Organization File Number 541-689
P O Box Bldg Room No if any	P O Box Bullding and Room Number if any

City

Street 1313 L Street Northwest

Washington

State District of Columbia

Enter appropriate data below if during the past fisc all year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employ ees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income			
Name Service Employees AFL CIO	Consultant on Labor Issues			
Trade Name if any				
PO Box Bidg Rorm No fan				
	7 b Amount			
Street 1313 L Street Northwest				
City Washington	\$48 000			
State District of Columbia ZIP Code + 4 20005				

Signature

15 Signature and verification The undersigned declares under penalty of Pe	erjury a	ind other applicable p	enalties of the law that all of the information
submitted in this report (including the information cont lined in any accompanying	g docu	ments) has been exa	imined by the signatory and is to the best of the
undersigned s knowledge and belief true correct and complete (See the secti	on on I	penalties in the instru	ctions)
signed likewey C Hell	On	04/17/2006	904 924 1646
		Date	Telephone Number